

MAY 15 2007

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	VTN-542	
	First Named Inventor	Dubey et al.	
	COMPLETE IF KNOWN		
	Application Number	09/865,825	
	Filing Date	May 25, 2001	
	Group Art Unit	1722	
Examiner Name			

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CENTER TOUCH CURE METHOD AND APPARATUS FOR FORMING CONTACT LENSES
(Title of the Invention)

the specification of which

☐ Is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 05/25/01 as United States Application Number or PCT International Application Number 09/865,825 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION - Utility or Design Patent Application		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:		
Application Serial No.	Filing Date	Status
		Patented Patented Patented
I hereby appoint:		
<input checked="" type="checkbox"/> Practitioners at Customer Number <u>000027777</u>		Place Customer Number Bar Code Label Here
AND		
<input type="checkbox"/> Practitioner(s) named below: <u>Name</u> <u>Registration Number</u>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to Lois A. Gianneschi at telephone number (732) 524-6351.		
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <u>000027777</u> OR <input type="checkbox"/> Correspondence address below		
Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Dhamesh K.		Family Name or Surname Dubey	
Inventor's Signature		Date	
Residence: City Jacksonville	State Florida	Country USA	Citizenship India
Mailing Address 9087 Starpass Drive			
City Jacksonville	State Florida	ZIP 32256	Country USA
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Mark E.		Family Name or Surname Schlagel	
Inventor's Signature		Date	
Residence: City Jacksonville	State Florida	Country USA	Citizenship USA
Mailing Address 3271 Tinya Court			
City Jacksonville	State Florida	ZIP 32226	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Andrew J.		Family Name or Surname Wagner	
Inventor's Signature		Date	
Residence: City Jacksonville	State Florida	Country USA	Citizenship USA
Mailing Address 1316 Pine Bloom Court			
City Jacksonville	State Florida	ZIP 32259	Country USA

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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) James F.		Family Name or Surname Kirk	
Inventor's Signature <i>James F. Kirk</i>		Date <i>9/17/01</i>	
Residence: City Gainesville		State Florida	Country USA
Citizenship USA			
Mailing Address 2721 NW 104 Court #3			
City Gainesville		State Florida	ZIP 32606
Country USA			

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<p>the specification of which</p> <p><input type="checkbox"/> is attached hereto</p> <p>OR</p> <p><input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) <u>05/25/01</u> as United States Application Number or PCT International Application Number <u>09/865,825</u> and was amended on (MM/DD/YYYY) <input type="text"/></p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.</p>													
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		Patented Patented Patented
I hereby appoint:		
<input checked="" type="checkbox"/> Practitioners at Customer Number 000027777 —		Place Customer Number Bar Code Label Here
AND		
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Address:		
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Country	Telephone:	Fax:

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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Dharmesh K.		Family Name or Surname Dubey	
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